

P17000011435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600293867236

01/24/17--01015--027 **70.00

17 FEB -3 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11.21.17

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LES PETITS ARTISTES, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ORIANA K. ESPINOZA
Name (Printed or typed)

1949 CANTERBURY CIR.
Address

WEELINGTON, FL. 33414
City, State & Zip

(561) 319-4497
Daytime Telephone number

oriana.karenina@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2017

ORIANA K. ESPINOZA
1949 CANTERBURY CIRCLE
WELLINGTON, FL 33414

SUBJECT: LES PETITS ARTISTES, INC.
Ref. Number: W17000006860

We have received your document for LES PETITS ARTISTES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 017A00001532

Oriana K. Espinoza
1949 Canterbury Circle
Wellington, FL 33414
orianakarenina@gmail.com

February 2, 2017

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Reference #W17000006860
Letter Number: 017A00001532

Dear Ms. Culligan,

My name is Oriana K. Espinoza, owner of the dissolved Not-for-Profit Company, "Les Petits Artistes" (doc # N13000011220) and I am writing to confirm that I have no intention of reinstating under a Not-for-Profit Company. Instead, I would like to release the name and use it to file for a Benefit Corporation I sent the paperwork and check in for **(Reference #W17000006860)**. Please use "Les Petits Artistes, Inc." for this Benefit Corporation.

Thank you kindly,



Oriana K. Espinoza

02/02/17

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the benefit corporation shall be: LES PETITS ARTISTES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

1949 CANTERBURY CIR.

WELLINGTON, FL 33414

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

CONNECTING COMMUNITIES WITH PUBLIC SCHOOLS WHO WISH
TO ENHANCE THEIR STUDENTS CREATIVE AND EDUCATIONAL
EXPERIENCES. # ONE SCHOOL AT A TIME # ONE BRACELET
AT A TIME

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

WE CHOOSE A PUBLIC SCHOOL IN NEED OF FINANCIAL ASSISTANCE
AND THROUGH BRACELET SALES, HELP THEM RAISE THE FUNDS
NECESSARY TO EITHER HOST A CREATIVE/EDUCATIONAL
EXPERIENCE AT THEIR SCHOOL OR PURCHASE AND DELIVER THE
MATERIALS THEY NEED FOR A SPECIFIC PROJECT.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: ORIANA K. ESPINOZA

Name and Title: HENNER E. ESPINOZA

Address: CO-FOUNDER + PRESIDENT

Address: CO-FOUNDER + V. PRESIDENT

1949 CANTERBURY CIR.

1949 CANTERBURY CIR.

WELLINGTON, FL 33414

~~WELLINGTON, FL 33414~~
WELLINGTON, FL 33414

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : _____ Name: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: ORIANA K. ESPINOZA

Address: 1949 CANTERBURY CIR.

WELLINGTON, FL. 33414

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

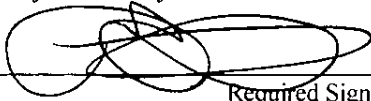
Name: ORIANA K. ESPINOZA

Address: 1949 CANTERBURY CIR.

WELLINGTON, FL. 33414

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

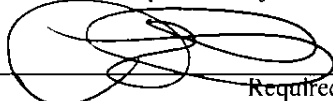


Required Signature/Registered Agent

1-19-2017

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

1-19-2017

Date

17 FEB -3 AM 9:17
STATE DEPT OF STATE
TALLAHASSEE FLORIDA